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TOWN Carthage G. FULL HAME OF (If one is broaded or insulitation, dive street address or location) INSTITUTION 1521 Clinton St. JAME OF DECEASED OCORD OCO			ent to La LENGTU DE	WIBSC	DRI.T	ags ber.
ADDRESS 1521 Clinton St. ADDRESS 1521 Clinton St.	OR	_	township) STAY (in this place			d give township) (443
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 1. Legal 1. December 27. 1950	d. FULL NAME OF HOSPITAL OR INSTITUTION			I ADDDECC		st.
Type or Print CORA	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Year)
100. USIAL OCCUPATION (Give kind of work and of work) and the constitution of working life, were if relieved on constituting to the death out not heart fellows in work of working life, were if relieved on the constitution of working life, were if relieved on the constitution of working life, were if relieved on the constitution of working and the constitution of the		CORA		HARRISON		
At home At h	1 1		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (dipedity) WICOWED		9. AGE (In year last birthday) 93	by UNDER 1 YEAR ST UNDER 11 HES. Months Days Hours Min.
AND DECEMBER OF CONDITION Some based of the state of the	10a. USUAL OCCUPATION MORE of work	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
LOTT: UNKNOWN Henry Thomas Harrison S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Outmany Orolusion ONSET AND DEATH ONSET AN	housewife			Madison,	Indiana /	ČŠÄ'
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170. Bo. or unknown) (If yee, pire was or dates of service) 10. Once 11. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yee, Bo. or unknown) (If yee, pire was or dates of service) 10. Once 11. INFORMANT'S SIGNATURE OR NAME ADDRESS (No. 11. INFORMANT'S SIGNATURE OR NAME ADDRESS (Mo. 11. INFORMA	3a. FATHER'S NAME	:			ſ	
NO. MR Putnam, 401 Bellaire, Carthage, Mo. 18. CAUSE OF DEATH Enter only one cause of the mode of dying, such the sheart fallure, asthenia, the independent of the sheart fallure, asthenia, the independent of the sheart fallure, asthenia, the sheart fallure, osthenia, the independent of the sheart cause (a) stading the sheart fallure, asthenia, the independent of the sheart cause (a) stading the independent of the conditions contributing to the death but not related to the disease or conditions contributing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) 21d. TIME (Month) 21d. (Month) 21d. (Month) 22d. (Mon						
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Enter only one cause per ine for (a), (b), and (c) *This does not mean he designing, such the mode of dying, such to be above cause (a) stating the underlyimp cause					401 Bellaire	
Ilize for (a), (b), and (c) *This does not meen the mode of dying, such as heart failure, astheria, tice. It means the dis- tice. It means the dis- tice underlying cause last the underlying cause (a) stating the underlying cause last DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS O'Conditions contributing to the death but not related to the disease or condition ausing death. III. OTHER SIGNIFICANT CONDITIONS O'Conditions contributing to the death but not related to the disease or condition ausing death. III. OTHER SIGNIFICANT CONDITIONS O'Conditions contributing to the death but not related to the disease or condition ausing death. III. OTHER SIGNIFICANT CONDITIONS O'Conditions contributing to the death but not related to the disease or condition ausing death. III. OTHER SIGNIFICANT CONDITIONS O'Conditions contributing to the death but not related to the disease or condition ausing death. III. OTHER SIGNIFICANT CONDITIONS O'CONDITION O'COUNTY) III. OTHER SIGNIFICANT CONDITIONS O'COUNTY) III. OTHER SIGNIFICANT III. OTHE		L DISEASE OR CO	ONDITION MEDICAL C	CERTIFICATION	_	INTERVAL BETWEEN ONSET AND DEATH
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DUE TO (c) It means the disease, injury, or complication which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Due To OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO	the mode of dying, such	Morbid conditions	, if any, giving DUE TO (b)	somary sc	cercia	years
DUE TO (c) DUE TO (c)		the underlying cau	(88 t03t.	V	*	10
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22. I hereby certify that I attended the deceased from	OF .	(Day) (Year) (WHILE AT NOT WHILE	21f. HOW DID INJURY	OCCUR?	
alive on ACC: /4, 1950, and that death occurred at Am., from the causes and on the date stated above. 23a. SIGNATURE: (Degree or title) 23b. ADDRESS 20/ W. 3rd, Carthag, Mo 12/27/50 24c. NAME OF CEMETERY OR CREMATORY Carthage, Mo 100, REMOVAL (Boodly) Dec 29, 1950 Park Cemetery Carthage, Mo Carthage, Mo		41-4 7 -443-3 4)		1047 10 00	100 1	hat 7 last asset had done at
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burial () Dec 29,1950 Park Cemetery Carthage, Mo	6.X/.		O Son Di		, ,,	Ma 12/27/50
DATE DECID BY LOCAL DECISTRADE SIGNATURE 12 Y 35 SUMERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURIAL, CREMA TION, REMOVAL (Breat) OUTIAL ()	Dec 29,	1950 Park Cemet		• ••	• • • • • • • • • • • • • • • • • • • •
DATE RECD BY LOCAL REDISTRAN SIGNATURE	DATE REC'D BY LOCAL	L REGISTRAR'S S	IGNATURE /37	25. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS
12/28/50 REG. BBClinton MWo Knell Mortuary, Carthage, Mo.	12 /28/50 HEG	12120		Knell Mor	tuary, Carth	nage, Mo.
(Licensed Embalmer's Statement on Reverse Side)						

RECEIVED 1-	2-51
Jasper County He	ealth Office
County File Number	
Date Filed	2-51
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	STATEMENT BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______ working under my personal supervision.

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.